



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Cooney	First Name James	Middle Name Andrew	Nickname Jim	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 36 Church St.				5. FAX (Optional) ()
6. E-mail Address (Optional)				
7. City Southport	State IN	ZIP Code 46227	8. County Marion	9. Telephone (Day) 317, 283-2630
10. Telephone (Evening) 317, 283-2630				
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any). Not required for an exploratory committee. Councilor, District #1

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Re-Elect James Cooney for Councilor District #1				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 36 Church St.				
15. FAX (Optional) ()				
16. E-mail Address (Optional)				
17. City Southport	State IN	ZIP Code 46227	18. County Marion	19. Telephone 317, 283-2630
20. Committee Organization Date (MM-DD-YY) 02-05-15				
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 36 Church St.				
23. FAX (Optional) ()				
24. E-mail Address (Optional)				
25. City Southport	State IN	ZIP Code 46227	26. County Marion	27. Telephone (Day) 317, 283-2630
28. Telephone (Evening) 317, 283-2630				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Regions Bank				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. /s/	Person Appointed Treasurer /s/	Signature of the Committee Chairperson /s/
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer		
34. Mailing Address <input type="checkbox"/> Check if this is a new address		
35. FAX (Optional) ()		
36. E-mail Address (Optional)		
37. City	State	ZIP Code
38. County	39. Telephone (Day)	40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson	Signature of Chairperson	Date (MM-DD-YY)
43. Typed or Printed Name of Candidate	Signature of Candidate	Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

FEB 10 2015

Myles A. Eldridge